

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918*

APPLICATION FOR APPROVAL OF A CHIROPRACTIC CONTINUING EDUCATION PROGRAM

Authority: Public Act 299 of 1980, as amended.
If this form is not completed, approval will not be granted.

SECTION I - PROGRAM INFORMATION - Applications should be submitted at least 60 days prior to the program

Chiropractic colleges approved by the Council on Chiropractic Education (CCE) that are offering continuing education programs are automatically accepted by the Board and should not apply.

Type or Print Only

| | |
|--|---|
| SPONSOR NAME AND COMPLETE MAILING ADDRESS | CONTINUING EDUCATION PROGRAM TITLE |
| | PREVIOUS APPROVED NUMBER FOR THIS PROGRAM , IF ANY |
| NAME OF CONTACT PERSON | PROGRAM DATE(S) AND LOCATION(S) |
| PHONE NUMBER () | |
| HOW MANY HOURS OF COURSE INSTRUCTION WILL BE PROVIDED (EXCLUDE BREAKS, MEALS, ETC.) | |
| HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PRACTICE MANAGEMENT? | |
| HOW MANY HOURS OF THE PROGRAM INVOLVE CHIROPRACTIC TECHNIQUES? | CAN A BOARD MEMBER OR MEMBER OF THE CONTINUING EDUCATION UNIT ATTEND THE PROGRAM? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> |

SECTION II - GENERAL SUBJECT AREA

Programs or portions of programs covering practice building, marketing, administration or financial advancement will not be approved.

Programs should be submitted at least 60 days prior to the program date.

All certificates should show the following for use in Michigan for continuing education credit:

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|-----------------------------|--|
| 1. The name of the sponsor | 5. The approval number |
| 2. The name of the program | 6. The actual number of hours attended |
| 3. The name of the attendee | 7. The signature of attendance monitor |
| 4. The date of the program | |

Program description should include a detailed outline of the program content. Please include the topics, name and qualifications of the speaker of each topic. The time spent on each of the specific topics and breaks must be indicated on the outline. Your application should clearly demonstrate how the program advances the skills of the licensee.

Attendance Monitoring- Please indicate how attendance is monitored by including sample documents and the name of the person monitoring the attendance. The Board wants assurance that attendees are checked out when leaving and checked back in when returning. These times should be verified by the person monitoring attendance. This procedure should include times in which the attendees leave one topic and go to another topic, within the same program.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

SECTION III - APPLICATION CHECKLIST

| APPLICANT Please Check | ELEMENTS TO BE INCLUDED WITH APPLICATION NOTE: TWO complete copies of all application materials (including the application) must be submitted. | | | | | | | | | | |
|---|--|----------------------|--|---|--|---|--|--------------------|----------------|-----------------------------|---------------|
| | 1) This continuing education course is a planned learning program designed to promote the continual development of knowledge, skills and attitudes on the part of the licensee. | | | | | | | | | | |
| | OUTLINE (rationale, objective, goal, schedule, content) - Include an explanation of how the program is designed to further educate the chiropractor. | | | | | | | | | | |
| | RESUME for each speaker/instructor (limited to two pages per speaker) A copy of the instructional objectives which have been developed for this program. | | | | | | | | | | |
| | DESCRIPTION for the delivery method or methods to be used and the techniques that will be employed to assure active participation. | | | | | | | | | | |
| | 2) This continuing education course has responsible sponsorship and capable direction including administrative support which assures maintenance and availability of adequate records of participation as well as adequate budget and instructional resources. | | | | | | | | | | |
| | A brief description of the sponsoring organization. | | | | | | | | | | |
| | The name, title, and address of the program director and a description of his/her qualifications to direct this program. | | | | | | | | | | |
| | A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued. | | | | | | | | | | |
| | A description of the physical facilities available to assure a proper learning environment. | | | | | | | | | | |
| | A description of how attendance is monitored, sample documents, and the name of the person monitoring attendance. See the front of this application for specific instructions. | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" data-bbox="94 1410 1516 1470">CERTIFICATION</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="94 1470 1516 1555"> I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program. </td> </tr> <tr> <td colspan="2" data-bbox="94 1555 1516 1619"> If this is not signed and dated, your application will not be complete. </td> </tr> <tr> <td data-bbox="94 1719 893 1768"> _____ SIGNATURE </td> <td data-bbox="893 1719 1516 1768"> _____ TITLE </td> </tr> <tr> <td data-bbox="94 1817 893 1866"> _____ TYPE OR PRINT NAME </td> <td data-bbox="893 1817 1516 1866"> _____ DATE </td> </tr> </tbody> </table> | | CERTIFICATION | | I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program. | | If this is not signed and dated, your application will not be complete. | | _____ SIGNATURE | _____ TITLE | _____ TYPE OR PRINT NAME | _____ DATE |
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| _____ SIGNATURE | _____ TITLE | | | | | | | | | | |
| _____ TYPE OR PRINT NAME | _____ DATE | | | | | | | | | | |

*NOTE: If it is necessary that you call regarding this application, the following will assist you with the automated telephone system:

1. At the first prompt, press 1
2. At the second prompt, press 2
3. At the second prompt, press 4